



Sally's Fund, Inc. Services Consent Form

Sally's Fund, Inc. provides transportation services for Laguna Beach residents 60 years and older to the Susi Q Senior and Community Center and appointments for medical, physical therapy, grocery shopping, errands, and weekly afternoon outings.

Please print clearly

Participant Name: _____ Date of Birth: _____

Address: _____

Phone: _____ E-mail: _____

Emergency Contact: _____ Phone: _____

PLEASE PROVIDE PHOTO I.D. WITH NAME, ADDRESS AND D.O.B.

Consent for Services

I, the undersigned, hereby consent to receive the following services and/or referrals provided through Sally's Fund (check as many as needed):

_____ Care management/service coordination (including assessment, referral to community resources, supportive counseling)

_____ Transportation – medical/shopping/errands

_____ Medical equipment loans

Sally's Fund is an Americans with Disabilities Act (ADA)-approved transportation organization.

1. Do you have any physical or functional limitations? Yes / No
2. Do you require a mobility device or special equipment for transport? Yes / No

If yes, please check all that apply:

Cane Walker Wheelchair Scooter* Oxygen Other

If yes, are you able to enter/exit the vehicle without your mobility device? Yes / No

Are you able to transfer from a wheelchair to seat without assistance? Yes / No

3. Will a personal care attendant or assistant be traveling with you? Yes / No
4. Do you require door-to-door assistance? Yes / No
5. How often do you anticipate needing to use the Transportation Service?
 weekly monthly other

The following information does not affect eligibility:

What is your primary spoken language? _____

Waiver of Liability

_____ (Please initial, required)

I, the undersigned, hereby release, indemnify, and hold harmless Sally's Fund, Inc. and any of their officers, clients, agents, employees, or volunteers from any liability of claim or action for damages in any way arising out of the participation in this program by the person (s) listed below.

Name _____

Signature (required) _____ Date _____

Witness (Sally's Fund staff) _____ Date _____

Sally's Fund is an Americans with Disabilities Act (ADA)-approved transportation organization.

Reservation requests are scheduled by calling 949-499-4100

- Please schedule transportation as far in advance as possible. We request one week's notice and no less than 12 hours. If we can, we will try to accommodate short-notice requests.
- Please leave a message with your name, phone number, addresses of pick-up and destination locations, and requested date and time of pick-up.
- We will return your call to confirm your request within 24 hours.
- Please call to cancel with as much notice as possible if you no longer require our scheduled service.
- Sally's Fund has a 30-minute window for pick-up. Please be patient. There may be traffic, or a client may be in need or have an emergency.
- *• Sorry, no electric-powered mobility scooters allowed.

Sally's Fund is an Americans with Disabilities Act (ADA)-approved transportation organization.

P.O Box 1626 • Laguna Beach CA 92652
sallysfund.org • 949-499-4100 • info@sallysfund.org